



State of California
California Gambling Control Commission
[2399 Gateway Oaks Drive, Suite 220](http://2399GatewayOaksDriveSuite220.com)
[Sacramento, CA 95833-4231](http://SacramentoCA958334231.com)
[916\) 263-0700; Fax: \(916\) 263-0452](http://9162630700.com)
www.cgcc.ca.gov
~~CGCC - 439 (Rev. 09/04)~~

**REQUEST FOR AN ADDITIONAL/TRANSFER/REINSTATEMENT
THIRD PARTY PROPOSITION PLAYER SERVICES REGISTRATION/LICENSE**
(CGCC - 439) (Rev. 05/11)

When requesting either to transfer, reinstate, or acquire an additional badge for a new primary owner, a registrant/licensee must complete and submit this form to the California Gambling Control Commission at 2399 Gateway Oaks Drive, Suite ~~400~~ [220](http://220.com), Sacramento, CA 95833-4231 accompanied by the following:

- A \$125.00 check made payable to the California Gambling Control Commission.

Type or print (in ink) all information requested on this application form. If additional space is needed, please note response on a separate sheet of paper and attach to the application.

SECTION 1: APPLICANT INFORMATION

Type (Check One): ☐ Additional ☐ Transfer ☐ Reinstatement

Category (Check One): ☐ Player ☐ Supervisor ☐ Other

Applicant's Full Legal Name:

First	MI	Last
-------	----	------

Mailing Address:

--

Applicant's Telephone Number:

*Social Security Number: (for identification purposes)

()

--

~~TPPPS~~ Badge #:

--

SECTION 2: PRIMARY OWNER INFORMATION

Name of primary owner (employer) you are currently registered/[licensed](http://licensed.com) with, transferring or reinstating **from**:

--

Date of disassociation (applies only to **transfers**):

--

Name of primary owner (employer) you are transferring **to** or acquiring an additional badge for:

--

Employment or Re-employment Date:

--

SECTION 3: DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing information, and all information submitted with this application is true, correct, and complete.

Applicant Signature: _____ Date: _____

Designated Officer Signature: _____ Date: _____

*Disclosure of your U.S. social security account number is mandatory. Section 30 of the Business and Professions Code, section 17520 of the Family Code, and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your social security account number. Your social security account number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for child or family support in accordance with section 17520 of the Family Law Code. If you fail to disclose your social security account number, your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.